

**California State Board of Pharmacy**

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STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

ARNOLD SCHWARZENEGGER, GOVERNOR

Pharmacy Intern Hours Affidavit

An applicant for licensure as a pharmacist in California must file with the Board of Pharmacy satisfactory evidence that he/she had 1500 hours or more of practical experience.

TO BE COMPLETED BY APPLICANT: (Please print or type)

Name of Applicant:	Intern Number	Date Issued	Expiration Date
Residence Address:	Number and Street	City	State Zip Code

TO BE COMPLETED BY THE PRECEPTOR: (Please print or type)

This is to certify that _____ was employed as an **intern pharmacist** under the supervision of a registered pharmacist during the time set forth as follows:

From: ____/____/____ to ____/____/____ Number of hours ____
(month/day/year) (month/day/year)

Name and Address of Pharmacy

Name of Pharmacy	Pharmacy License Number
Address of Pharmacy	Number and Street City State Zip Code
Name of Preceptor	California Pharmacist License Number

I certify under penalty of perjury under the laws of the State of California that all statements given herein are true, and that to the best of my knowledge the experience thus gained by this applicant has been predominantly related to the practice of pharmacy as required by law. I further certify that my license is not revoked, suspended, or on probation in any state in which I am now or have been registered.

Signature of Preceptor_____
License Number_____
State_____
Date